



IN THE SEVENTH JUDICIAL DISTRICT
DISTRICT COURT, DOUGLAS COUNTY, KANSAS

HOUSE ARREST REQUEST INTAKE FORM

Date: _____

Case Number: _____ Judge/Division: _____

Attorney: _____ Court Date/Sentencing: _____

Current Charge(s): _____

Type of House Arrest Equipment Needed: GPS bracelet Alcohol monitoring Both

Estimated days/hours of house arrest requested: _____ Date to Start: _____

Name: _____

Date of Birth: _____ SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Who do you live with and what is their relationship to you: _____

Home Phone: _____ Cell Phone: _____

Alternate or Message Phone: _____

Employer: _____

Employer Address: _____

Work Hours: _____

Vehicle Description: _____

Driver's License or ID Number: _____ State: _____

Are you currently under supervision anywhere else? _____

If so, where and name of supervising officer: _____

Do you have pending charges anywhere else? _____

If so, where and what are they for? _____

Fill out completely and return to: CJSAS-PreTrialBHCHouseArrest@douglascountyks.org
or contact House Arrest Officer, Amy Carrillo (785) 838-2478 acarrillo@douglascountyks.org